

<i>SERFF Tracking Number:</i>	<i>LDRX-125734805</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Bituminous Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>CF AR08037CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CF-2007-OFR07 ISO Commercial Property Multistate</i>		
<i>Project Name/Number:</i>	<i>2007 ISO Reference Filings/CF AR08037CGF01</i>		

Filing at a Glance

Companies: Bituminous Casualty Corporation, Bituminous Fire and Marine Insurance Company		
Product Name: CF-2007-OFR07 ISO	SERFF Tr Num: LDRX-125734805	State: Arkansas
Commercial Property Multistate		
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CF AR08037CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI Bituminous	Disposition Date: 07/16/2008
	Date Submitted: 07/15/2008	Disposition Status: Filed
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal): 03/01/2009
State Filing Description:		

General Information

Project Name: 2007 ISO Reference Filings	Status of Filing in Domicile:
Project Number: CF AR08037CGF01	Domicile Status Comments:
Reference Organization: Insurance Services Office, Inc. (ISO)	Reference Number: CF-2007-RLC07
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/16/2008	
State Status Changed: 07/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
ISO has filed CF-2007-OFR07 Commercial Property Multistate forms and endorsements revision upon our behalf for an 11-1-08 effective date. We are notifying your department that we are DELAYING this date until 03-01-09 when we will adopt this change without modification. A separate filing will be made to delay the corresponding loss cost and rules, ISO filing numbers #CF-2007-RLC07 and #CF-2008-RRU07.	

SERFF Tracking Number: LDRX-125734805 State: Arkansas
First Filing Company: Bituminous Casualty Corporation, ... State Tracking Number: EFT \$25
Company Tracking Number: CF AR08037CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CF-2007-OFR07 ISO Commercial Property Multistate
Project Name/Number: 2007 ISO Reference Filings/CF AR08037CGF01

Company and Contact

Filing Contact Information

Bonny Taylor, Administrative Analyst btaylor@bituminousinsurance.com
320 18th Street (309) 732-0240 [Phone]
Rock Island, IL 61201 (309) 786-3847[FAX]

Filing Company Information

Bituminous Casualty Corporation CoCode: 20095 State of Domicile: Illinois
320 18th Street Group Code: 150 Company Type: Commercial
Property and Casualty
Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
Companies
(309) 786-5401 ext. [Phone] FEIN Number: 36-0810360

Bituminous Fire and Marine Insurance CoCode: 20109 State of Domicile: Illinois
Company Group Code: 150 Company Type: Commercial
320 18th St. Property and Casualty
Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
Companies
(309) 786-5401 ext. [Phone] FEIN Number: 36-6054328

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: delaying effective date of an ISO reference filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bituminous Casualty Corporation	\$25.00	07/15/2008	21421804

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	07/16/2008	07/16/2008

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Disposition

Disposition Date: 07/16/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Filed

Comment: DELAYING this date until 03-01-09 when we will adopt this change without modification.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>LDRX-125734805</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Accepted for Informational Purposes	07/16/2008
Comments:				
Attachments:				
	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
	AR - NAIC FORM FILING SCHEDULE.PDF			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Bituminous Insurance Companies	150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Bituminous Casualty Corporation	IL	20095	36-0810360	
Bituminous Fire and Marine Insurance Company	IL	20109	36-6054328	

5. Company Tracking Number	CF AR08037CGF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Bonny J. Taylor 320 18th Street Rock Island IL 61201	Administrative Analyst	800-475-4477	309-786-3847	btaylor@bituminousinsurance.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Bonny J. Taylor

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/2009 Renewal: 03/01/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office, Inc. (ISO)
17. Reference Organization # & Title	CF-2007-OFR07 Multistate forms and endorsements revision
18. Company's Date of Filing	07-15-08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CF AR08037CGF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: eft Amount: \$25.00</p> <p>delaying effective date of an ISO reference filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CF AR08037CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CF AR08037CGR01
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	ISO reference filing		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		